

Instructions for Completing the Final EEO Counseling Report

DO NOT USE THIS FORM FOR MANDATORY PRE-CLASS COMPLAINT EEO COUNSELING

Complete this form only when EEO counseling extends beyond the initial interview. Two legible copies of this report and legible copies of all enclosures must be delivered to the employee/applicant (or representative) during the final interview. The final interview should take place on or before the 21st day after the date of initial interview and informal EEO counseling.

The EEO Manager where the matter for counseling arose is the custodian of the EEO Counselor report system of records under the Privacy Act. Therefore, you must forward the original *Final EEO Counseling Report* and enclosures to the EEO Manager immediately after the final interview. Either forward your counseling and interview notes or destroy them immediately; and, do not retain a copy of this report, the enclosures, or your notes for any reason or purpose.

EEO Counselors may not continue counseling beyond 21 calendar days after initial interview. Please note: If for any reason the final EEO counseling interview must be postponed beyond 21 calendar days, notify the EEO manager in advance or as soon as practicable.

The numbers below refer to corresponding sections of the report.

1. Name, address and FTS telephone number of the EEO Manager for the organization where the matter(s) arose. No additional information is required.
2. Your name, address and FTS telephone number, and the administrative code of your work organization. No additional information is required.
3. Date complainant first sought counseling services.
4. Self-explanatory.
5. If employee: give name, title, series and grade; spell out name of employing organization including bureau, office, division, branch, etc. (i.e., do not use abbreviations), show the employee's employing organization's administrative code, and employee's Social Security Number (SSN).

If applicant: give name, home address, area code and telephone number, business address, area code (or FTS) and telephone number, and applicant's Social Security Number (SSN).
6. Spell out the name and address of the organization and unit where the matter(s) of concern arose. Show that organization's administrative code also.
7. If an employee: give his/her supervisor's name and business telephone number.

If an applicant: give name and business telephone number of selecting official.
8. Self-explanatory. However, if the representative is an attorney, show by using "Esquire", "Attorney", or words to similar effect. Give the representative's business address and business area code (or FTS) and telephone number. If an employee, check, and give administrative code of work organization.
9. Matters causing complaint may be multiple. Check appropriate box(es). NOTE: "Pay" includes overtime, within-grade increase, and merit pay, for example.
10. Alleged discrimination must be based on one or more bases.
11. Briefly describe the nature of complaint and specific allegation(s); show date(s) of occurrence. State the employee/applicant's race or religion, impairment, or national origin, etc. as appropriate. State why the basis is believed to be disparate treatment or disparate impact. If the beginning of EEO counseling was delayed for more than 30 calendar days after the most recent occurrence, encourage the employee/applicant to tell why and include the reasons in this report. Note this block may be at variance with the same numbered block on Form HHS 651 INITIAL INTERVIEW AND INFORMAL EEO COUNSELING REPORT.
12. The EEO Counselor should try to determine whether the same matter has in fact been grieved or appealed. Ask to see the grievance papers to be sure. Ask to see the notice of appeal rights relied on to appeal to MSPB and a copy of any papers filed with MSPB based on the notice. If there are still questions, inquire at the Servicing Personnel Office and ask for assistance. Attach a copy of the grievance or appeal documents to this report.
13. Each contact should be recorded in your notes. Your contacts should be listed in chronological order. Multiple contacts on the same day with the same person may be combined into one line. (Note that the complainant is to be a listed contact. Separate complainant's contact and contact with complainant's representative). Find some tactful way to ask contacts how much time they spent in preparation for your meeting. Add preparation time and meeting time together to fill in column 5. The EEO Counselor's preparation, travel and contact time are to be summarized elsewhere in the report. (See item 18 below)

14. List all information you consider to be facts developed during the inquiry; do not make conclusions, and especially conclusions about discrimination/retaliation. Identify the source of all information, all documents, and attach a copy of each document collected from whatever sources to this report.
15. Self-explanatory. For example, what you proposed or suggested.
16. Describe what action(s) management officials took on your suggestions.
17. Self-explanatory--report must be signed, and date of report may be different from block 19 dates.
18. Total EEO Counselor time includes all time spent with employee/applicant/representative (including the initial interview and report writing), ADOs, other witnesses, sources such as Personnel and guidance such as the EEO staff, all preparation time preceding and following contacts, all research, all travel time and any other time used to pursue this function.
19. Self-explanatory.
20. List and tab all enclosures. Be sure the two copies of this form and duplicate copies of all enclosures you give the employee/applicant are legible.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FINAL EEO COUNSELING REPORT

Follow instructions on pages I and II

1. TO	2. FROM	3. DATE COUNSELING FIRST SOUGHT
	ADMINISTRATIVE CODE:	4. DATE OF FIRST INTERVIEW
5. IDENTIFICATION OF EMPLOYEE/APPLICANT		6. ORGANIZATION AND ADMINISTRATIVE CODE
SSN: ADMINISTRATIVE CODE:		7. SUPERVISOR
8. REPRESENTATIVE: NAME, ADDRESS, BUSINESS PHONE		9. MATTER CAUSING COMPLAINT (ISSUE)--Select from the following and place one appropriate number in First, Second, or Third Spaces. Second and Third spaces (issues) not necessarily required.
<input type="checkbox"/> CHECK IF EMPLOYEE - ADMINISTRATIVE CODE:		
10. TYPE OF DISCRIMINATION (BASIS) - Select from the following and place one appropriate number in First, Second, or Third spaces. Second and Third spaces (bases) not necessarily required.		
(1) Age _____ Yrs.; (8) Sex--Female;		(12) Reassignment;
(2) Color; (9) Sexual Harassment;		(13) Reinstatement;
(3) Mental Handicap; (10) Race--Black;		(14) Reprimand;
(4) Physical Handicap; (11) Race--White;		(15) Retaliation/Reprisal;
(5) National Origin--Hispanic; (12) Race--Other;		(16) Retirement;
(6) National Origin--Other; (13) Religion;		(17) Separation;
(7) Sex--Male; (14) Retaliation/Reprisal;		(18) Sexual Harassment;
First Basis _____		(19) Suspension;
Second Basis _____		(20) Time/Leave Attendance;
Third Basis _____		(21) Training;
		(22) Work Conditions;
		(23) Other (Explain);
		(1) Assignment of Duties;
		(2) Awards;
		(3) Conv to FT/CC;
		(4) Duty Hours;
		(5) Evaluation/Appraisal;
		(6) Examination/Test;
		(7) Initial Appointment;
		(8) Pay;
		(9) Promotion;
		(10) Reasonable Accommodation (Handicap);
		(11) Reasonable Accommodation (Religion);
		First Issue _____
		Second Issue _____
		Third Issue _____
11. DESCRIPTION OF COMPLAINT (Include specific allegation(s) with date(s) of occurrence. Indicate relief desired).		

12. HAS THE COMPLAINANT FILED A GRIEVANCE OR APPEALED TO THE MERIT SYSTEMS PROTECTION BOARD ON THE SAME MATTER? IF SO, WHAT DATE WAS THE GRIEVANCE OR APPEAL FILED, AND WHAT IS THE STATUS OF THE GRIEVANCE OR APPEAL?

13. CONTACTS DURING EEO COUNSELING INQUIRY

DATE(S) OF CONTACT	NAME, TITLE, GRADE, TELEPHONE	ORGANIZATION ADMIN. CODE	REASON FOR CONTACT (Complainant, Witness, ADO, Personnel, etc.)	TIME SPENT BY PERSON CONTACTED

14. INFORMATION DEVELOPED DURING INQUIRY (Identify the source of each fact; attach documents provided by Employee/Applicant, ADOs, other witnesses, Personnel or obtained by the Counselor).

15. COUNSELOR'S SUGGESTIONS TO MANAGEMENT OFFICIAL(S) TO RESOLVE COMPLAINT

16. FINAL ACTION BY MANAGEMENT OFFICIAL(S) ON COUNSELOR'S SUGGESTIONS

17. SIGNATURE OF COUNSELOR

DATE OF REPORT

18. TOTAL NUMBER OF HOURS SPENT COUNSELING THIS CASE
(include all contact, preparation and travel time)

19. DATE OF FINAL INTERVIEW

DATE REPORT SENT OR DELIVERED TO EMPLOYEE/APPLICANT

20. ENCLOSURES (list and tab). GIVE DUPLICATE LEGIBLE COPIES TO EMPLOYEE/APPLICANT

Notice of Rights

You have the right to be accompanied, represented, and advised by a representative of your own choosing at every stage in the presentation of your complaint, including mandatory pre-complaint EEO counseling. You, your representative, and your witnesses shall be free from restraint, intimidation, interference, coercion, discrimination, or reprisal in the presentation and processing of a complaint, including EEO counseling, or any time thereafter. If you have a representative, it is your responsibility to provide written notice of his/her name, address and business telephone; and it is also your responsibility to provide written notice of all changes in your representation.

If you are dissatisfied with the results of EEO counseling, you may file a formal EEO complaint (or a grievance, if appropriate) within fifteen (15) calendar days after the date you receive this *Final EEO Counseling Report*. Your complaint must be in writing and signed by you with a copy of this report attached; but it may be filed either by you or your representative. Your complaint must be mailed or delivered to the Director, Office of Human Relations (OHR), thus:

Director, Office of Human Relations
Department of Health and Human Services
Room 508-E, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

The effective date of filing a complaint is the date on which it is received in OHR.

Receipt of your complaint will be acknowledged. OHR will identify the issues and allegations accepted for investigation and/or those in need of special clarification or greater specificity. If your complaint is rejected, in whole or in part, you will be informed as to how you may later appeal the rejected part(s).

You or your representative will receive an exact copy of your complaint file, including the investigative file. After investigation, you will be given an opportunity to review the file and comment, and an opportunity to discuss the file with a responsible official with the view of attempting to achieve informal adjustment of your complaint. If informal adjustment is achieved the terms of agreement will be reduced to writing, made a part of your complaint file, and you will be given a copy.

If informal adjustment is not achieved, you will be given a proposed disposition with notice of right to a decision with or without a hearing, by the head of the Operating or Staff Division or by the Regional Director of the Department where your complaint arose. Even if you do not request a hearing or a decision without a hearing, a decision will be issued unless you withdraw your complaint. All decisions including rejection decisions give notice of right of appeal to the Equal Employment Opportunity Commission (EEOC) (or, as may be appropriate, to the Merit System Protection Board) and/or of filing a civil action in an appropriate U.S. District Court except complaints based entirely and only on age discrimination. Decisions on pure age discrimination complaints inform the complainant of the right to an EEOC decision and notice that EEOC will provide any further advice on other rights.

If you file a formal EEO complaint, you will have no right to anonymity, and your having filed a formal complaint will not be regarded as confidential.

NOTICE TO MEMBERS OF COLLECTIVE BARGAINING UNITS

Members of collective bargaining units may be entitled to elect between filing a formal EEO complaint and filing a grievance. If the agreement with your union covers equal employment and discrimination matters, you may elect to file a formal EEO complaint of discrimination under 29 *CODE OF FEDERAL REGULATIONS* (CFR) Part 1613 or to file a grievance in writing, under your contract concerning a grievable matter. You may not do both. Whichever one you file first will constitute your election.

To exercise your election, you must obtain pre-complaint EEO counseling just as you would in order to file a formal EEO complaint of discrimination. You cannot be denied pre-complaint EEO counseling. Exercise of the election usually occurs within 15 calendar days after the close of EEO counseling. Thus, obtaining EEO counseling will not indicate your election of the EEO complaint process instead of the grievance process.

However, if the contract with your union allows, you may omit pre-complaint EEO counseling and file your grievance in writing without EEO counseling; or, you may file your grievance in writing while EEO counseling is in progress. In either case, filing your grievance in writing will constitute your irrevocable election to give up the right to file an EEO complaint of discrimination on the same matter, whether or not you allege a protected discriminatory basis. The election to file a formal EEO complaint or grievance, as described, applies only to bargaining unit members; it does not apply to employees who must file grievances under 5 CFR Part 771 and who are not bargaining unit employees.

RIGHT TO FILE A CIVIL ACTION
Under Age Discrimination in Employment Act (ADEA)

If you believe you have been subjected to prohibited age discrimination, you may file either a grievance if appropriate, an administrative complaint, or a civil action in the appropriate U.S. District Court. If you file an administrative complaint based on age alone, you must exhaust the administrative processing of your complaint before filing a civil action; and the administrative processing and appeal cannot include attorney fees should you prevail. If you elect to file a civil action initially, you must, *within* 180 calendar days of the alleged discriminatory act, give the Equal Employment Opportunity Commission at least 30 calendar days prior notice of your intent to sue before filing the civil action. In either event, a civil action must be filed within six years of the occurrence of the alleged discriminatory act.

RIGHT TO COURT-APPOINTED ATTORNEY

If you elect to file a civil action under ADEA, Title VII, or the Rehabilitation Act, you may appeal to the U.S. District Court for appointment of an attorney to represent you in the court proceeding. The court may appoint an attorney to represent you and may permit commencement of the civil action without payment of fees, costs, or security.

Privacy Act Notice

General

This information is provided pursuant to the Privacy Act of 1974 for individuals supplying information for inclusion in a system of records.

Authority

The authority to collect the information requested by the EEO Counselor is derived from one or more of the following:

42 USC 2000e; 29 USC 633a; PL 95-602 as amended; 5 USC 1303 and 1304; 5 CFR 5.2 and 5.3; 29 CFR 1613.213; and Executive Order 11478 as amended.

Purposes and Uses

The information supplied will be used to resolve the EEO counseling matter(s) you have raised during counseling. This information may be discussed with designated officers and employees of the Department in order to resolve the matters you have raised. If you file a formal EEO complaint, this form and all enclosures will be made part of your EEO complaint file and will be available to any person having a need to know its contents. Formal complaints are neither anonymous nor confidential. Whether or not you file a formal EEO complaint, this form and enclosures, if any, may be used in a depersonalized manner as a data base for program analysis, review, evaluation, and statistics. If you have not chosen anonymity and there is a need to disclose information from your EEO counseling report(s) for reasons other than those which have been cited or for reasons cited in the Privacy Act (5 USC 552 a (b)), your prior consent will be solicited.

Effects of Non-disclosure

Disclosure of the information sought is voluntary. However, since informal pre-complaint EEO counseling is mandatory, failure to disclose information may result in rejection of the formal EEO complaint in whole or in part.

Use of Complaint Form

You may use the "Individual Complaint Form For Employment Discrimination" on the next page to file your complaint. Use of the form is not required. However, you must supply the same information the form asks for if you choose not to use it.

Notice of Rights

You have the right to be accompanied, represented, and advised by a representative of your own choosing at every stage in the presentation of your complaint, including mandatory pre-complaint EEO counseling. You, your representative, and your witnesses shall be free from restraint, intimidation, interference, coercion, discrimination, or reprisal in the presentation and processing of a complaint, including EEO counseling, or any time thereafter. If you have a representative, it is your responsibility to provide written notice of his/her name, address and business telephone; and it is also your responsibility to provide written notice of all changes in your representation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIVIDUAL COMPLAINT FORM FOR EMPLOYMENT DISCRIMINATION
Based On

Race, Color, Religion, Sex, National Origin, Age, Physical or Mental Handicap, or Retaliation

PLEASE NOTE: IF YOU HAVE NOT CONSULTED AN EEO COUNSELOR, GO TO THE EEO STAFF OFFICE FOR THE ORGANIZATION WHERE YOU BELIEVE DISCRIMINATION OCCURRED FOR ASSIGNMENT OF AN EEO COUNSELOR TO ADVISE YOU. INFORMAL PRE-COMPLAINT EEO COUNSELING IS A REQUIREMENT AND NO FORMAL COMPLAINT CAN BE ACCEPTED FOR INVESTIGATION WITHOUT IT.

PLEASE TYPE OR PRINT

<p>1. _____ Complainant's Name and Social Security Number</p> <p>_____</p> <p style="text-align: center;">Home Address--Street, RD, P.O. Box</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <p>Home Phone: Area Code () Business Phone: Area Code ()</p> <p>IF DIFFERENT, GIVE PHONE AND AREA CODE WHERE YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS.</p>	<p>2. _____ Complainant's Representative</p> <p>_____</p> <p style="text-align: center;">Business Address</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <p>Business Phone: Area Code ()</p> <p>IF REPRESENTATIVE IS EMPLOYED IN THE DEPARTMENT, STATE WHERE AND GIVE PHONE NUMBER TO BE USED DURING NORMAL WORKING HOURS.</p>
<p>3. IF YOU DO NOT WORK FOR THE DEPARTMENT GIVE YOUR POSITION, NAME OF EMPLOYING ORGANIZATION, AND LOCATION; IF YOU DO WORK FOR THE DEPARTMENT, GIVE TITLE, SERIES, GRADE, ORGANIZATION AND ITS ADMINISTRATIVE CODE.</p>	<p>4. IN WHAT ORGANIZATION, OFFICE OR UNIT OF THE DEPARTMENT DO YOU BELIEVE DISCRIMINATION/RETALIATION AGAINST YOU OCCURRED? ALSO, IF YOU KNOW, GIVE ITS ADMINISTRATIVE CODE.</p>
<p>5. WHAT IS THE DATE YOU RECEIVED THE <i>Final EEO Counseling Report</i>, FORM HHS 6527?</p>	<p>6. WHAT IS THE LAST OR MOST RECENT DATE OF AN ALLEGED DISCRIMINATORY/RETALIATORY EVENT OR INCIDENT COVERED IN COUNSELING?</p>
<p>7. SHOW THE BASIS OR BASES ON WHICH YOU WERE DISCRIMINATED/RETALIATED AGAINST FROM AMONG THE FOLLOWING BY INDICATING ONE APPROPRIATE NUMBER IN FIRST, SECOND OR THIRD SPACES. SECOND AND THIRD SPACES (BASES) NOT NECESSARILY REQUIRED.</p> <p>(1) AGE _____ YRS.; (2) COLOR; (3) MENTAL HANDICAP; (4) PHYSICAL HANDICAP; (5) NATIONAL ORIGIN--HISPANIC; (6) NATIONAL ORIGIN--OTHER; (7) SEX--MALE; (8) SEX--FEMALE; (9) SEXUAL HARASSMENT; (10) RACE--BLACK; (11) RACE--WHITE; (12) RACE--OTHER; (13) RELIGION; (14) RETALIATION/REPRISAL.</p> <p style="text-align: center;">FIRST BASIS _____ ; SECOND BASIS _____ ; THIRD BASIS _____ ;</p> <p>FOR AGE, YOU MUST HAVE BEEN AT LEAST 40 YEARS OLD WHEN THE MATTER OF CONCERN OCCURRED. PLEASE STATE IN YOUR COMPLAINT (ITEM 8, BELOW) YOUR COLOR, PHYSICAL OR MENTAL IMPAIRMENT, NATIONAL ORIGIN, SEX, RACE OR RELIGION ACCORDING TO THE BASIS OR BASES OF YOUR COMPLAINT.</p>	
<p>8. STATE YOUR COMPLAINT, USE EXTRA SHEETS IF NECESSARY. IDENTIFY THE SPECIFIC ACTS, INCIDENTS OR EVENTS AND THE DATES ON WHICH THEY OCCURRED WHICH YOU BELIEVE WERE DISCRIMINATORY OR IN RETALIATION AGAINST YOU.</p>	

9. THE FOLLOWING REMEDIAL OR CORRECTIVE ACTION WILL RESOLVE MY COMPLAINT:

10. COMPLAINTS MUST BE SIGNED BY THE COMPLAINANT, AND DATED.

_____ Complainant's Signature _____ Date _____

A LEGIBLE COPY OF FORM HHS 652 *Final EEO Counseling Report* TOGETHER WITH A LEGIBLE COPY OF ALL ATTACHMENTS TO THE FINAL COUNSELING REPORT MUST BE FILED WITH THIS COMPLETED FORM. IF A COMPLAINANT CHOOSES TO USE THIS FORM.